

CLAIMANT'S NAME Ruth Holton-Hodson		SSN or EMPLOYEE NUMBER*		DEPARTMENT State Controller's Office	
POSITION Deputy State Controller		CB/ID No.	DIVISION or BUREAU Executive		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850			TELEPHONE NUMBER
CITY [redacted]	STATE [redacted]	ZIP CODE [redacted]	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [redacted]	(3) MILEAGE RATE CLAIMED 0.500
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4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
5) DATE   TIME				(8) BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
July 2010														
7/19		Sacramento - San Rafael	93.41						PC		80.50	40.25		133.66
7/20		San Rafael - Sacramento	93.41						PC		80.50	40.25		133.66
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
13) SUBTOTALS			186.82	0.00	0.00	0.00	0.00	0.00		0.00	161.00	80.50	0.00	267.32
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$267.32
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attended CalPERS offsite on behalf of Controller.	AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER
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(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	
CLAIMANT'S SIGNATURE [redacted] DATE 10/11/10	(16) [redacted] PAYMENT DATE 10-13-10
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	